

INSTRUCTIONS

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07558

CERTIFICATE OF DEATH

Reg. Dist. No. 253

7580

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED			
CITY OR TOWN		QUEEN ANNE MARYLAND	STATE OR TOWN		COUNTY QUEEN ANNE	
If outside corporate limits, write RURAL and give nearest town. TOWN Stevensville		LENGTH OF STAY (in this place) 4 yrs.	If outside corporate limits, write RURAL and give nearest town. TOWN Stevensville		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS			
3. NAME OF DECEASED (First) (Middle) (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	B. DATE OF BIRTH March 28, 1880	9. AGE last birthday 76 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland.		
13. FATHER'S NAME Thomas A. Kennard			14. MOTHER'S MAIDEN NAME Lonnie Lane			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mr. Thurman Dulin Easton, Md.		
18. MEDICAL CERTIFICATION						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) <i>hypertensive cardio-vascular disease</i> about 3 years ANTECEDENT CAUSE(S) DUE TO (B) <i>chronic nephro - sclerosis</i> several years DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>Arteriosclerosis general</i> about 10 years <i>+ cerebral</i>						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OR INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (Street)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>July 7, 1956, 10 A.M. from the causes and on the date stated above.</i>		
22. I hereby certify that I attended the deceased from <i>July 7, 1956</i> , to <i>July 15, 1956</i> , that I last saw the deceased alive on <i>July 15, 1956</i> , and that death occurred at <i>7:20 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Theodor Sattelmair</i> M.D. ADDRESS (Street, city, town, state) <i>Stevensville Md.</i> DATE SIGNED <i>July 16, 1956</i>						
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF Jul. 18, 1956		NAME OF CEMETERY OR CREMATORIUM Greenmount		LOCATION (City, town, or county) Hillsboro, Queen Anne, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE <i>Elizabeth Korten</i>		ADDRESS
DATE <i>7/18/56</i>						

ST. RONALD'S-HIGH SCHOOL TEAM CHARTER

STAFF TO STAFFED

REHEAU V.
JUL 27 1956
JUL 31 1956
REHEAU

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

87559

Reg. Dist. No. 252

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose certificate, writing the word "pending", in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File Pages 1 and 2 with the registrar prior to burial or removal.

1. PLACE OF DEATH a. COUNTY <i>Queen Anne's</i>		7581		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Queen Anne's</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>in Centerville</i>		c. LENGTH OF STAY IN 1b <i>life -</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>in Centerville, Maryland</i>		d. STREET ADDRESS		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF -DECEASED (Type or print)		First <i>JAMES</i>	Middle <i>E</i>	Last <i>KING</i>	4. DATE OF DEATH <i>July 9</i>	Month <i>July</i>	Day <i>9</i>	Year <i>1956</i>
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Caucasian</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 16 - 1914</i>	9. AGE (In years last birthday) <i>42 yrs.</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waterman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>oystering & fishing</i>		11. BIRTHPLACE (State or foreign country) <i>Queen Anne's, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Harry King</i>				14. MOTHER'S MAIDEN NAME <i>Da Brown</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>Yes WW II</i>		16. SOCIAL SECURITY NO. <i>?</i>		17. INFORMANT <i>Julia Robert King-wife -</i>		Address <i>Centerville, Maryland</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Drowning</i> Fell overboard while								
850X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) <i>Crabbing</i>								
DUE TO (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour o. m. p. m. 19		Month, Day, Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i>Centerville</i>	(County) <i>Queen Anne's</i>	(State) <i>Maryland</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .								
ACTUAL SIGNATURE <i>W. J. Fisher</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>						
DATE SIGNED <i>7/13-56</i>								
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>July 13-56</i>		22c. NAME OF CEMETERY OR CREMATORY <i>Chesterville Cemetery</i>		22d. LOCATION (City, town, or county) <i>Centerville, Maryland</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edward Parker of Parker Bros. Centerville Md</i>		ADDRESS		24a. REC'D BY REGISTRAR <i>Ellee Armstrong</i>		24b. REGISTRAR'S SIGNATURE		
				DATE <i>7-14-56</i>				

Medical Examiner's Certificate of Death
DEPARTMENT OF PUBLIC SAFETY - CALIFORNIA

informed D. W. Murphy
Deputy Sheriff, Marin Co. - that

Marie C. Smith
of San Francisco

do. 2 July 1956 1616 E. 27th
do. 1956-1956
do. 1956
(Alameda) - San Francisco - free - died at home
Home of son - do.

BUREAU V. 2

JUL 17 1956

RECEIVED

Marine Hospital - San Francisco California
from Sheriff's Office

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

17561

251

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Queen Anne		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sudlersville		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sudlersville		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Frank	Middle W. J.	Last Walraven	4. DATE OF DEATH	Month July	Day 23	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH Jan. 21, 1876	9. AGE (In years lost birthday) 80 yrs.	IF UNDER 1 YEAR Months 80	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William Walraven		14. MOTHER'S MAIDEN NAME Harriet Merch						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT John Walraven--Sudlersville, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Chronic nephritis						INTERVAL BETWEEN ONSET AND DEATH		
(b) DUE TO Chronic nephritis								
(c) DUE TO Chronic nephritis								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hutney & Bladder Calculi						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20						
20c. TIME OF INJURY Hour o. p.m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Sudlersville	(County)	(State)			
21. I certify that I attended the deceased from Jan. 1954 , 19..., to July 23, 1954 that I last saw the deceased alive on July 22, 1956 , and that death occurred at Sudlersville , from the causes and on the date stated above. ACTUAL SIGNATURE C. H. METCALFE PHYSICIAN'S NAME (Type) C. H. METCALFE		M.D.	ADDRESS (Street, city or town, state) Sudlersville	DATE SIGNED July 25, 1956				
22a. BURIAL, CREMATION, REMOVAL Burial	22b. DATE THEREOF July 25	22c. NAME OF CEMETERY OR CREMATORIAL Sudlersville	22d. LOCATION (City, town, or county) Sudlersville, Md.	(State)				
23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane	ADDRESS Church Hill, Md.	24a. REC'D BY REGISTRAR DATE 7-25	24b. REGISTRAR'S SIGNATURE Edgar L. Lane					

MONTANA STATE GOVERNMENT OF MONTANA - GALLATIN COUNTY

CERTIFICATE OF DEATH

NAME	SEX	AGE	DEATH DATE
John Doe	M	50	July 31, 1956
Cause of Death: Heart Disease			
Burial or Cremation: Burial			
Signature: John Doe			
Date: July 31, 1956			

RECEIVED

JUL 31 1956

BUREAU V. S.



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M —

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

17562

253

CERTIFICATE OF DEATH

7583.

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place) Stevensville	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Queen Anne's STREET ADDRESS Grasonville (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Oct 3, 1888
9. AGE last birthday 67 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	11. KIND OF BUSINESS OR INDUSTRY garning	12. CITIZEN OF WHAT COUNTRY U.S.A
13. FATHER'S NAME James T. Wilkins	14. MOTHER'S MAIDEN NAME Mary Frances Boulden	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	
16. SOCIAL SECURITY NO. 213-16-7536	17. INFORMANT & ADDRESS Mary Frances Wilkins	18. MEDICAL CERTIFICATION	19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE 443X (A) Cerebral hemorrhage, left,		INTERVAL BETWEEN ONSET AND DEATH July 8, 1956 several hours	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis (general + cerebrals)		years.	
(C) Hypertensive Cardio-vascular disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. coroner O.W.H. Fisher notified, no inquest necessary.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) Stevensville	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. Whifa Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Th	
22. I hereby certify that I attended the deceased from July 8, 1956, to July 8, 1956, that I last saw the deceased alive on July 8, 1956, and that death occurred at 8:50 A.M. from the causes and on the date stated above.			
SIGNATURE Theodor Sattelmair		ADDRESS (Street, city, town, state) Stevensville	DATE SIGNED July 8, 1956
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 7/14/56	NAME OF CEMETERY OR CREMATORIUM Grasonville Cem.	LOCATION (City, town, or county) Grasonville, Md
24. REC'D BY REGISTRAR Eliz. Foster	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE James D. Cashell	
DATE July 7, 1956		ADDRESS	

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BUREAU V.

July 17 1956

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